

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL**

**ATTACHMENT #6
PROVIDER ELECTION FORM FOR MEDICAID WITHHOLDING**

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

Dear Mr. Alaimo:

Pursuant to section 2807-j(5-a)(b) of the Public Health Law, as added by Chapter 639 of the Laws of 1996, the facility listed below elects to have the Departments of Health and Social Services withhold from medical assistance payments made directly by the State the allowance included in the rates of payment pursuant to section 2807-j of the Public Health Law on behalf of patients eligible for medical assistance pursuant to Title 11 of Article 5 of the Social Services Law, and to forward said funds directly to the pools on behalf of such provider.

This election applies to the 1997 and subsequent pool years and will automatically be extended for any additional year(s) pursuant to authorizing statute, unless written revocation is received by the Department of Health postmarked no later than December 1 in the year immediately preceding the next pool year.

_____ Signature - CFO/Controller	_____ Date
FEDERAL TAX IDENTIFICATION #: _____	OPERATING CERTIFICATE #: _____
FACILITY NAME: _____	
ADDRESS: _____	
CONTACT PERSON: _____	
PHONE#: _____	